

File with:
Iowa Ethics and Campaign
Disclosure Board
810 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

IMPORTANT: Indicate by # type of committee you are reporting for:
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Terri Martens

Office Sought AUDITOR
Crawford County Constituent

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged in	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Terri Martens
SIGNATURE OF PERSON FILING REPORT

712-263-6105
TELEPHONE

5-24-09
DATE SIGNED

I AM FILING A May 19, 2009

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☒ CHECK IF AMENDMENT TO REPORT DATED MAY 19, 2009

☐ Check if this is final (nomination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election

6-2-09

County & Local Committee, enter County in
which Election is held
Crawford

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

\$ 1,302.50

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 1,302.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

\$ 1,095.20

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$ 207.30

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 400.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 60.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Committee to Elect Terri Martens*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-2-09	ID# CK#	Lus Kelly 2884 Hwy 50 Denison IA 51442		\$ 40.00	<input type="checkbox"/>
5-2-09	ID# CK#	Jule Fleckner 1641 5th Ave Denison IA 51442		50.00	<input type="checkbox"/>
5-2-09	ID# CK#	Jeanne Sackan 1649 LA Ave Charter Oak IA 51439		50.00	<input type="checkbox"/>
5-2-09	ID# CK#	Denise Meeves 1850 M Ave Denison IA 51442		50.00	<input type="checkbox"/>
5-2-09	ID# CK#	Don Muhlbauer 3316 370th St Mamelle IA 51454		40.00	<input type="checkbox"/>
5-2-09	ID# CK#	Teri Vogt 2998 Ewing Rd Dow City 51528		100.00	<input type="checkbox"/>
5-2-09	ID# CK#	Pat Burnel 2150 Deloit Blvd Denison 51442		25.00	<input type="checkbox"/>
5-2-09	ID# CK#	Marcia Bachmann 2916 Hwy 50 Denison IA 51442		50.00	<input type="checkbox"/>
5-2-09	ID# CK#	Michelle Olson 3161 W Ave Mamelle IA 51454		25.00	<input type="checkbox"/>
5-2-09	ID# CK#	Vicki Griffin 2744 Hwy 59 Denison 51442		20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 450.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5.20.09	ID# CK#	John Lawler 609 Somerset St Des Moines IA 50315		\$ 50.00	<input type="checkbox"/>
5.3.09	ID# CK#	Vic Thomson 1775 Q Ave Des Moines IA 50315		40.00	<input type="checkbox"/>
5.6.09	ID# CK#	Tom Gustafson 2405 Frontier Rd Des Moines IA 50315		50.00	<input type="checkbox"/>
—	ID# CK#	Anonymous Unitemized Contributions		100.00	<input type="checkbox"/>
5.12.09	ID# CK#	Jim Langerfeldt 3140 230th St Des Moines IA 50315		100.00	<input type="checkbox"/>
5.19.09	ID# CK#	Connie Martens 1967 253rd St Des Moines IA 50315	mother-in-law	200.00	<input type="checkbox"/>
5.21.09	ID# CK#	Peggy Mulligan 1104 3rd Ave S Des Moines IA 50315		150.00	<input type="checkbox"/>
5.27.09	ID# CK#	Drexel M Nixon 318 S. 15th St Des Moines IA 50315		50.00	<input type="checkbox"/>
5.25.09	ID# CK#	Crawford Co. Democrats		112.50	<input type="checkbox"/>
	ID# CK#			2852.50	<input type="checkbox"/>

SUB-TOTAL

\$ 1302.50

TOTAL (If last page of this schedule)

\$ 1302.50

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/3/09	ID# CK# 1001	Design 4 Dnc 3232 HAWK Omaha NE	yard signs	\$ 335.98
5/17/09	ID# CK# 1002	Holly Wood Graphics 2363 Arrowhead Rd Denison IA 51442	signs	433.14
5/22/09	ID# CK# 1003	Design 4 Dnc 3232 HAWK Omaha NE	yard signs	197.95
5/22/09	ID# CK# 1004	Channel 18	TV advertising	88.00
5/22/09	ID# CK# 1005	Media Solution	flyers	40.13
5/22/09	ID# CK#	Media Solution Smart Shopper	Front Page Smart Shopper Also Paper Advertising	400.00
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$

TOTAL (if last page of this schedule) \$ 1095.20

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martens

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5-20-09	Cabela's Credit Card Co Michigan Solutions	Newspaper Advertisements	400.00 102.70
5-20-09	TERRI MARTENS	MEDIA SOLUTIONS, NEWSPAPER ADS	400.00
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 400

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)**CANDIDATE COMMITTEES NOTE:**

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Terri Martias

SCHEDULE E (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YYR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5-3- 2009	Michele Olson 3161 W Ave Merrillville	None	Paint	\$ 20.00	<input type="checkbox"/>
5-3 2009	Denise Meeves 1850 M Ave Duinwald	None	Plywood	\$ 40.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$	60

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)